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Examiner

Christopher Anthony **DALEY** 

Art Unit

2111

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Subject Matter

: US Patent Application Number: 10/065,005

Request for Continued Examination under 37 CFR § 1.114

**Total Pages** 

(including cover sheet)

14 pages

Attachments

a) Certificate of Transmission

b) Transmittal Form

c) Fee Transmittal

d) Petition for Extension of Time (1 original & 1 copy)

e) Request for Continued Examination under 37 CFR § 1.114

PTO/SHAP (08-03)
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Ulaci iligi alizinan sanan	Application Number	10/065, 00										
TRANSMITTAL	Filing Date	September	09, 2002									
FORM	First Named Inventor	Vinod Natr	Gopikuttan NAIR									
,	Art Unit	2111										
	Examiner Name	Christophe	r Anthony DALE	1								
(to be used for all correspondence after Initial  Total Number of Peges in This Submission	Attorney Docket Number	2000P1700	2000P17005US									
ENCLOSURES (Check all that apply)												
Fee Transmittal Form  Fee Attached  Amendment/Reply  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Statement  Cartified Copy of Priority Document(s)  Reply to Missing Parts/ Incomplete Application  Reply to Missing Parts  under 37 CFR 1.52 or 1.53	Drawing(s)  Licensing-related Papers  Petition Petition to Convert to a Provisional Application Power of Attorney, Revocatio Change of Correspondence A Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on Ct Remarks Request for Continued Examination to	Address	Appea of Appea (Appea (Appea Status Other below)	Enclosure(s) (please identify								
SIGNA	TURE OF APPLICANT, ATTO	RNEY, O	R AGENT									
Firm Name Horizon IP Pte Xid Signature Printed name Dexter CHIN	<u>)                                      </u>											
Date July 22, 2005		Reg. No.	38,842									
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I hereby certify that this correspondence is b sufficient postage as first class mail in on cer- the date shown below:	eing facsimile transmitted to the USPT velope addressed to: Commissioner fo	O <del>or deposit</del> r Patenta, P	ted with the Un O. Box 1450,	ited States Postal Service with Nozendria, WA 22313-1150 on								
Signature												
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Effective on 12	Complete if Known										
Fees pursuant to the Consolidated App.	Application Number	10/065,	10/065, 005								
FEE TRAN		<b>\</b> L	Filing Date	Septemi	September 09, 2002						
For FY 2005			First Named Invent	or Vinod N	air Gopikuttan	NAIR					
Applicant claims small entity s	Examiner Name Christopher Anthony DAI			ALEY							
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 2111								
TOTAL AMOUNT OF PAYMENT (\$) 910.00			Attorney Docket No	. 2000P1	2000P17005US						
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order None Other (please identify):											
Deposit Account Deposit Account Number: 50-2388 Deposit Account Name: Horizon IP Pte Ltd											
For the above-Identified dep	osit account, the Direct	tor is he									
Charge fee(s) Indicated below Charge fee(s) indicated below, except for the filing fee											
Charge any additional fee(s) or underpayments of fee(s)											
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card											
Information and authorization on PTO	-2038.										
FEE CALCULATION											
1. BASIC FILING, SEARCH, A	IND EXAMINATION NG FEES		RCH FEES E	XAMINATIO	N FEES						
	Small Entity		Small Entity	Small	Entity	Fees Paid (\$)					
Application Type Fee Utility 300		Fen (1	1) <u>Fee (\$)</u> 250	200 10	<u>- 741</u>						
Design 200		100	50 50		 						
Plant 200	200	300	150	•	30 <del>-</del> -						
Reissue 300		500	250		)0 _						
Provisional 200		300	0	0	0 -						
2. EXCESS CLAIM FEES	. 100	·	U	_	Şmal	II Entity					
Fee Description				<u> </u>	50 (\$) <u>Fe</u>	9 <del>6 (\$)</del> 25					
Each claim over 20 (including Each independent claim over the control of the cont		uas)				100					
Multiple dependent claims	a 5 (mendering Reass	ues				180					
	Claims Fee (\$)	Fe	e Paid (5)	M	ultiple Depend	ent Claims					
- 20 or HP =	×	_= _			Fee (\$)	Fee Paid (\$)					
HP = highest number of total claims p			Pald_(\$)	<del></del>							
Indep. Claims Extra Claims Fee (\$) Fee Pald (\$)											
HP = highest number of Independent claims paid for, If greater than 3.											
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer											
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50											
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).											
<u>Total Sheets</u>	/50 =	EL DI EBI	(round up to a who	le number) x		=					
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)											
Other (e.g., late filing surcharge): 1.17(e) & 1.138(e) 910.00											
SUBMITTED BY											
Signature A LO	1/2		Registration No. 38.	842	Telephone +6	5 9836 9908					
(2)			(Attorney/Agent) 30.	<u> </u>	Date July 22.						

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